# SURVIVING OR THRIVING IN THE COMMUNITY: OTHER SERVICES THAT MAKE A DIFFERENCE

This section examines important services and systems, apart from those provided by the Area Agency on Aging, which make it possible for older adults and people with disabilities to live in their communities with dignity and independence. Some older adults or individuals with disabilities may presently be using few, if any, of the services described below. However, as people age into their 70s and beyond, chronic diseases intensify, or as individuals experience a disability, they frequently need and depend on a greater number of these services.

## HEALTH CARE

The degree to which available health care services meet or fail to meet the needs of older adults and people with disabilities within Snohomish County is an immense topic. The Area Plan analyzes health care services and resources from two perspectives of vital importance to the target population: paying for health care and accessing services.

### Paying for Health Care

According to the Washington State Office of Financial Management, the 2010 Census recorded 110,582 persons in Snohomish County age 60 and above. In order to pay for their health care costs, these older adults primarily relied on Medicare, Medicaid, insurance provided by a current or former employer, private insurance, and charity care. In many cases, they paid health care costs "out-of-pocket," meaning that individuals made direct payments from their personal finances. In some cases, older adults may have decided to forego health care services that were uncovered by any form of insurance and too expensive to pay for out-of-pocket.

### Medicare

Medicare is a federal health insurance program for people age 65 or older and certain disabled people under age 65. The Centers for Medicare and Medicaid Services (CMS) of the U. S. Department of Health and Human Services administers the program.

In 2010, Medicare covered 47 million Americans, including 39 million people age 65 and older and 8 million younger people with permanent disabilities.[1] Program costs totaled $524 billion. Medicare spending accounted for approximately 12% of total federal spending and nearly 23% of total national

[1] The Henry J. Kaiser Family Foundation, Medicare Chartbook, Fourth Edition, 2010.

health spending. On an average day, Medicare processed 2.8 million claims and paid out over $1 billion.[2]

Medicare is commonly referred to as having four parts – Part A which helps pay for care given in hospitals, skilled nursing facilities, hospices, and home health agencies; Part B which is Medical Insurance (physician fees, lab services, some home health visits and preventive services); Part C which refers to Medicare Advantage, private health plans including health maintenance organizations (HMO) that beneficiaries can enroll in; and Part D which is the Outpatient Prescription Drug Benefit.

In 2009, Medicare covered almost 93.5% of non-institutionalized persons 65+. As of July 2007, Snohomish County had approximately 76,244 Medicare beneficiaries.[3] By 2030, nationwide Medicare enrollment is predicted to rise to 80 million.[4]

The Medicare program requires that beneficiaries help share the costs by paying premiums, deductibles and co-pays. In addition, whole categories of health services such as most dental services and dentures, vision and eyeglasses, and audio logical and hearing aides are not covered by the program. Although Medicare pays for short-term stays in skilled nursing facilities for individuals who need therapy services and whose conditions are expected to improve, Medicare does not cover long term stays in nursing homes. Medicare does not pay for the majority of long term care services, whether provided at home or in facilities.

Because of the cost-sharing requirements and the gaps in the benefit package, people with Medicare pay substantial out-of-pocket costs. Overall, Medicare paid for less than half (48 percent or $8,344) of the total per capita medical and long term care costs ($17,231 on average) incurred by its beneficiaries in 2006. On average, beneficiaries paid 25% of total expenses out-of-pocket.[5]

Most people with Medicare have some form of supplemental insurance to help with these expenses. Nearly 3 in 10 beneficiaries are covered through employer-sponsored retiree health benefits. For approximately 2 million people, Medicare is the secondary payer because they or their spouse are still working and have primary coverage through an employer-plan.

Almost 1 in 5 beneficiaries purchase Medicare supplemental policies, known as Medigap. Private insurance companies sell Medigap policies that are designed to supplement Original or traditional Medicare. After Medicare pays its share of covered health care costs, Medigap policies pay their share.

[2] Washington State Office of the Insurance Commissioner, Statewide Health Insurance Benefits Advisors, Medicare Beneficiary Presentation.
[3] Centers for Medicare and Medicaid Services, Medicare Enrollment Reports by County, http://www.cms.gov/DataCompendium, accessed on July 12, 2011.
[4] Medicare Chartbook.
[5] Ibid.

Some Medicare beneficiaries choose to reduce their out-of-pocket costs by enrolling in a Medicare Advantage Plan (Part C) such as an HMO or preferred provider organization (PPO). Although monthly premiums for this type of coverage can vary greatly from plan to plan, many health care services are available for preset amounts, making costs more predictable. In addition, some Medicare Advantage Plans offer dental and vision benefits not covered in traditional Medicare. As of September 2010, Medicare beneficiaries could choose from 31 Medicare Advantage plans available in Snohomish County.

Medicare beneficiaries with low-incomes and limited assets may qualify for Medicaid which helps pay for Medicare's premiums and cost-sharing. Medicaid is discussed further in the next section.

Unfortunately, 10% of Medicare beneficiaries have no supplemental coverage for their Medicare costs. Younger people with disabilities, the near poor with incomes between $10,000 and $20,000, rural residents, and African Americans are disproportionately represented in this group.[6]

## Medicaid

Medicaid provides fairly comprehensive health insurance and long term care coverage for certain categories of people whose income and assets are low enough to meet the financial means test. These groups include low-income families, individuals with disabilities, and elderly individuals. Medicaid is jointly funded by the federal and state government and is administered by each state. Beyond some basic requirements, each state sets its own guidelines regarding eligibility and services.

By the end of 2010, Medicaid covered almost 60 million Americans.[7] Washington State had 1,036,600 residents enrolled in Medicaid as of June 2010. 245,500 of these individuals qualified for Medicaid in the aged or disabled categories.[8] In 2009, Medicaid spending represented 16% of national health spending and paid for 40% of long term care services. Medicaid's role in paying for long term care is discussed more thoroughly later in this section.

Almost 9 million Medicaid beneficiaries are "dual eligibles" who are also enrolled in Medicare. These individuals are among the sickest and poorest people enrolled in either program. Although dual eligibles represent 15% of Medicaid participants, they account for 40% of Medicaid costs. Fifty-five % have annual incomes below $10,000.[9] Because dual eligibles have such extremely low

[6] Ibid.
[7] The Henry J. Kaiser Family Foundation, Kaiser Commission on Key Facts: Medicaid and the Uninsured, *Key Questions About Medicaid and its Role in State/Federal Budgets,* January 2011.
[8] The Henry J. Kaiser Family Foundation, Kaiser Commission on Key Facts: Medicaid and the Uninsured, *Medicaid Enrollment: June 2010 Data Snapshot,* February 2011.
[9] The Henry J. Kaiser Family Foundation, Kaiser Commission on Key Facts: Medicaid and the Uninsured, *Dual Eligibles: Medicaid's Role for Low-Income Medicare Beneficiaries,* May 2011.

incomes and assets, Medicaid helps to pay their Medicare premiums and other cost-sharing. The Medicare program covers prescription drugs for dual eligibles.

Once qualified for Medicaid, individuals in the program have fairly complete health care coverage. Medicaid finances a full range of inpatient care and covers outpatient physician services. As a result of budget difficulties, some Medicaid programs like Washington's are decreasing dental and vision coverage for adults with Medicaid. Furthermore, low Medicaid reimbursement rates means that physicians may limit the number of patients they will accept who are covered by the Medicaid program or refuse to accept Medicaid at all. These limits can result in people with Medicaid coverage experiencing significant difficulty in finding health care practitioners who will accept them as patients.

## Medicaid Integration Project

The Washington State Legislature authorized DSHS to create the Washington Medicaid Integration Project (WMIP) in the 2003 Session. The Legislature defines WMIP as a project to "develop an integrated health care program designed to slow the progression of illness and disability and better manage Medicaid expenditures for the aged and disabled population."

WMIP is a voluntary care pilot project in Snohomish County, designed to improve care for aged, blind, or disabled Medicaid recipients by coordinating services that have been provided separately in the past, such as medical, mental health, substance abuse treatment, and long-term care. Washington State is the first state in the nation to attempt the ambitious goal of integrating medical care, long-term care, mental health, and chemical dependency services. DSHS selected Snohomish County as the test site due to the county's shortage of physicians willing to provide health care services to Medicaid recipients. The WMIP project began January 1, 2005 with nearly 3500 clients enrolled in a managed care model integrating medical and chemical dependency services and expanded to include Long-term care services beginning October 1, 2006.

As of August 2011, the program has grown to approximately 4600 clients enrolled in the WMIP managed care model with 323 of those clients receiving Long Term Care services through WMIP. 175 of the Long Term Care clients receiving services through WMIP were aged 60 or over and 148 were under age 60.

## Accessing Health Care

Four hospitals are well distributed geographically throughout Snohomish County. One is located in Everett, one in Edmonds, and one each is located in Arlington and Monroe. Physician clinics tend to locate in close proximity to these hospitals. Hospitals are also located close to the county boundaries to the north and south. Persons living close to the county's northern and southern boundaries tend to

disregard those lines when seeking health care. Thus, persons living near the northern boundary are likely to obtain physician and hospital care from facilities in Mt. Vernon or other Skagit County facilities, while residents of the southern county are as likely to obtain their care from King County providers.

Snohomish County has at least seven community health clinics that provide basic primary health care to low-income individuals on a sliding fee scale. The Tulalip Tribes and the Stillaguamish Tribe each operate primary health care clinics.

Nearly all of Snohomish County is included within the emergency response system which is activated by calling 9-1-1. For medical emergencies, there is a county-wide network of basic life support and advanced life support response and transport services. In most cases, these services are provided by local fire districts using a combination of volunteer and paid staff.

Although there appears to be an adequate supply of health care services in Snohomish County, accessing these services can be difficult for older adults. Many physicians will continue caring for an existing patient who "ages" on to Medicare but will not accept new patients on Medicare. Older adults with Medicare who move to Snohomish County report significant difficulty trying to find a primary care physician. In recent years, The Everett Clinic, the largest physician practice in the county with multiple locations, has decided to limit the number of Medicare Advantage plans that it will accept as payment.

## MENTAL HEALTH SERVICES

Regionally managed and county-based public mental health services provide access for eligible people in need of care to the least restrictive treatment alternative appropriate for their needs. Counties are organized into regional systems of care. The five northwest counties - Island, San Juan, Skagit, Snohomish and Whatcom - have established the North Sound Mental Health Administration (NSMHA), also known as the regional support network (RSN). NSMHA is responsible for administering and providing for the availability of mental health services for individuals in crisis or who receive Medicaid coupons due to a psychiatric disability. NSMHA contracts with providers to create a service network and is governed by a ten member Board of Directors consisting of elected officials from the five counties, their designated alternates and Tribal representatives. In addition, its Mental Health Advisory Board represents the mentally ill persons served and their family members as well as the area's ethnic and demographic character.

NSMHA contracts with government agencies, non-profit organizations and private providers to offer a range of mental health services in its five-county service area. NSMHA and its contractors deal with mental health needs across the lifespan from childhood to old age. Services include 24-hour crisis response

services, community support services like assessment, diagnosis, and case management, and residential services as well as short-term and long-term inpatient care. NSMHA staff are also responsible for planning and coordinating services.

The Snohomish County Human Services Department is responsible for making sure that eligible individuals receive services and the services people receive are appropriate. County staff members serve as liaisons to Western State Hospital, providing discharge planning for residents of the North Sound Region, providing services under funding for Jail Transition Services, and providing county oversight of crisis response services. County staff members are also in a leadership role to insure gaps in services are addressed through community planning. County staff members are strong advocates in addressing issues occurring for individuals who are involved in multiple service delivery systems.

At both the regional and county levels, most of the individuals served are on Medicaid. Being on Medicaid and having a mental illness is not enough to guarantee mental health treatment. Individuals must have a severe enough mental illness that they meet the state's access to care standards, which are guidelines regarding the types and severity of mental illness that qualify for Medicaid-funded treatment. NSMHA does receive limited federal and state funding to treat individuals who are non-Medicaid eligible, but this funding does not begin to meet the need.

Most older adults who receive the average monthly social security payment – approximately $1,000 per month – will have too high of an income to qualify for Medicaid. They cannot rely on Medicare for most outpatient mental health services because the majority of community mental health providers will not bill Medicare due to low reimbursement rates and burdensome paperwork. Paying out-of-pocket for mental health treatment may not be possible for low-income seniors.

New services funded by the 1/10$^{th}$ of one percent sales tax increase passed in 2008 are beginning to narrow the gap in mental health services for older adults. Senior Information & Assistance (I & A) received funding for Older Adult Mental Health Outreach in 2010. Prior to this service, no single phone number existed that older adults with mental health or chemical dependency concerns could call to receive comprehensive information regardless of severity or whether the payer would be Medicaid, Medicare, or private. I & A has added 83 new providers to its database, mostly private, licensed mental health providers who operate on a fee-for-service basis and offer sliding fee scales for older adults.

In addition, another community mental health provider is now offering 15 free counseling sessions to low-income individuals who do not qualify for Medicaid or who have Medicaid but do not meet access to care standards. Older adults are

one of the priority populations for this service, which is also funded by sales tax revenue.

## LONG TERM CARE

Roughly 7 out of 10 people turning age 65 will need long term services and supports (LTSS) during their lifetimes.[10] These supports and services could range from having a friend take them on a weekly grocery shopping trip to needing 24-hour supervision and assistance. The types of LTSS are as varied as the older adults and younger people with disabilities who need these services. Long term care can be delivered in various settings, encompass a wide range of services, and be provided by health care professionals, family and/or friends.

An individual needing long-term care has lost (or has never had) some degree of physical or mental functional capability. “Activities of daily living” (ADLs), which are basic personal needs such as eating, toileting, bathing, dressing, and walking, relate to a person’s functional capacity. Other tasks that need to be accomplished to live independently (cooking, cleaning, shopping, etc.) are termed “instrumental activities of daily living” (IADLs), and also figure into long-term care.

A person can require long-term care at any age. Most people develop a need for long-term care only when old age diminishes their physical and mental capacity; however the need for long-term care may begin early in life as the result of a condition such as a developmental disability, multiple sclerosis, AIDS, cerebral palsy or as a result of an accident. The number of younger people with disabilities has grown consistently in recent years due to improved medical technology and expanded access to acute care.

Long-term care settings can include one’s own home or apartment, a retirement community, a special apartment with services, the home of a relative, an adult family home, a boarding home or a nursing home. The care given may be as simple as companionship, transportation to appointments, help with household chores, or as complex as feeding an individual every day, dealing with incontinence, and giving injections and other nursing treatments.

### How Are Long-term Care Services Delivered?

Long-term care services can be divided into three main sectors: the informal care sector, the private pay sector, and the public sector.

[10] AARP Public Policy Institute, *Medicaid: A Program of Last Resort for People Who Need Long Term Services and Supports,* Fact Sheet 223, May 2011.

## The Informal Care Network Sector

The majority of long-term care is provided by family and friends in the home without any public or professional support. Such assistance may range from taking a neighbor shopping once a week to providing 24-hour supervision and care for a spouse who has been stricken with Alzheimer's disease. In 2009 about 42.1 million family caregivers in the U.S. provided care to an adult with limitations in daily activities at any given point in time, and about 61.6 million provided care at some time of the year. The estimated economic value of their unpaid contribution was approximately $450 billion in 2009, up from an estimated $375 billion in 2007.[11]

Caregiving is no longer predominately a woman's issue. Men now make up 44% of the caregiving population.[12] In Washington State, a national study estimated that 800,000+ family members served as caregivers with a value of care of $10.6 million.

With continued budget restraints on public resources and a growing elderly population, there are increasing pressures on the informal care network. A number of societal factors are also contributing to a growing informal caregiver shortage, including smaller families (fewer siblings and adult children to provide care); higher numbers of women in the workforce; and delayed childbirth, leading to an increased number of "sandwich generation" caregivers.

Caregivers face financial burdens especially those who give up their jobs and careers to provide care for family members. Thirty percent of family caregivers caring for seniors are themselves aged 65 or over; another 15% are between the ages of 45 to 54.[13] Many of the younger "sandwich generation" caregivers find themselves in a balancing act of giving time to their ailing parents and their own children, and trying to make room in their budget for both groups. Caregiving families have median incomes that are more than 15% lower than non-caregiving families,[14] and out-of-pocket medical expenses for caregiving families run about 11.2% of their total income, some 2.5 times greater than non-caregiving families.[15]

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[11] AARP Public Policy Institute (2011), *Valuing the Invaluable: 2011 Update. The Economic Value of Family Caregiving in 2009.* Lynn Feinberg, Susan C. Reinhard, Ari Houser, and Rita Choula.

[12] National Family Caregivers Association Random Sample Survey of 1000 Adults, Summer, 2000

[13] U.S. Dept. of Health and Human Services, The Characteristics of Long-term Care Users, Rockville: Agency for Healthcare Research and Quality, 2001

[14] Disability and American Families: 2000, Census 2000 Special Reports, July 2005

[15] Drs. Altman, Cooper and Cunningham, "The Case of Disaiblity in the Family: Impact on Health Care Utilization and Expenditures for Non-disabled Members," Milbank Quarterly 77 (1) pgs 39-75, 1999.

Statewide data gathered from caregivers completing the Tailored Caregiver Assessment and Referral (TCARE©) process reveals that 40% of caregivers have provided care for 5 years or more; 69% are age 60 or older; 36% of caregivers health status is fair or worse; and 86% of caregivers scored medium to high for depression.[16]

In spite of all these issues, caregiving can be an affirmative experience. Positive aspects of providing care can include bringing mission and purpose to one's life [17], gaining a sense of personal effectiveness by demonstrating competence under very difficult circumstances,[18] and experiencing the positive feelings associated with loving, caring, and feeling needed.[19] When appropriate information and services are available, accessed and utilized, these informal caregivers can realize great satisfaction by assisting their frail family members and friends in remaining at home.

## The Private-Pay Sector

Families use their savings, income and private insurance to purchase care from private firms and individuals. The care may be provided in the family's home, a nursing home or other residential setting. Individuals' out-of-pocket payments, the second largest payer of long-term care services, accounted for 23% (about $31 billion) of total expenditures in 2000. The vast majority (80%) of these payments were used for nursing home care.[20]

Family members may not know about available long term care resources or how to access them. Families may also face time constraints or be long distance caregivers. For all these reasons, families may choose a private pay case management company to help coordinate and manage their loved one's care. Although these companies are available in Snohomish County, many families cannot afford to pay for this service.

Out-of-home care is expensive. Very few people have private insurance coverage for nursing home care, and coverage for other forms of long term residential care is virtually non-existent. Consequently, a significant number of

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[16] Aging and Disability Services Administration (2011), *Supporting Family Caregivers: A Wise Investment in Washington State Families,* Hilari Hauptman.

[17] Henrick J., The Impact of HIV on Caregivers, 29 June 2000. Canadian Psychological Ass. Web Site, www.cpa.ca/phase/caregivers.pdf

[18] Ibid

[19] Decal P, Folk man S, "Informal Caregivers are Important In Aids Care", 2000. www.doctorswhoswho.com/medical_library/diseases_conditions/hiv/caregivers.htm

[20] Walker, David M., Comptroller General of the United States, "Aging Baby Boom Generation Will Increase Demand and Burden on Federal and State Budgets", Testimony before the Special Committee on Aging, U.S. Senate, March 21, 2002

those paying privately for their residential care are likely to eventually exhaust their funds, and will need public financial support for their personal care.

## The Public Sector

Federal, state and local tax monies are used to provide in-home and out-of-home care for people who have exhausted most of their resources.

The federal government plays a critical role in long-term care funding and policy direction. The primary source of federal administrative authority is Medicaid, which began as a health care program for the poor and evolved into the single largest public payment source for nursing home care. Through waiver programs such as Washington State's COPES (Community Options Program Entry System), Medicaid also plays a major role in paying for community-based care. Medicaid funding is almost always channeled to and managed through the states.

Medicare pays provider agencies directly. Medicare concentrates on acute medical conditions, pays for about 24% of all long-term care, and almost 50% of care in long-term care facilities[21]. The federal Administration on Aging administers Older Americans Act monies for a wide range of social and health services. The Older Americans Act encourages and assists the State and Area Agencies on Aging in promoting local advocacy, planning and coordination of services.

The fifty-five types of publicly-funded long-term care services can be organized into eight broad categories:

- Access Services are those that enable a person to find out about and be determined eligible for needed services. Such services include information and referral and determination of an applicant's financial and disability-related eligibility for particular public-funded services. These services may be provided by state employees, local government employees or private contractors.
- Case Management refers to services that enable a person to obtain and effectively use the most appropriate long-term care services for which they are eligible. Case management services typically include assessment of an individual's financial and functional eligibility, development of an overall plan of care; linkage with the most appropriate available provider of a needed service; coordination of multiple services and providers; and monitoring service effectiveness. The comprehensiveness and intensity of case management services varies significantly across agencies. Like

[21] Medicare Current Beneficiary Survey, http://www.cms.hhs.gov/MCBS/

access services, case management may be provided by state employees, local government employees or private contractors.

- In-Home Support consists of services that assist a person (living alone or with family) with activities of daily living, instrumental activities of daily living, and/or supervision to assure basic safety. Such services are delivered under contract by private agencies and individuals.
- Day Activity and Treatment services enable a person to leave their home during the day to participate in group therapy, socialization activities, employment and/or provide respite for the primary caregiver. These services are delivered by private contractors.
- Non-Medical Residential Care provides assistance with activities of daily living, and/or basic health and safety. Major services included in this category are adult family homes, boarding homes, assisted living facilities, group homes and supervised apartments ("tenant support"). These services are delivered primarily by private contractors.
- Medically- or Treatment-Oriented Residential Services are group living situations that provide licensed health care services, in addition to supervision and assistance with daily living activities. This category includes the state-operated mental health and developmental disabilities institutions, nursing homes and congregate care and in-patient treatment facilities for persons with mental illness.
- Community Nursing and Therapy Services include registered and licensed nursing, mental health counseling, and other therapies that are provided on an outpatient basis to persons living in their own homes or in non-medical residential settings. These services are delivered on a contract basis by private firms and individuals.
- Vocational Training refers to services that specialize in helping people with disabilities prepare for, obtain, and maintain employment. Services include long term job training and support to people with developmental disabilities and time limited services provided through the state/federal vocational rehabilitation program.

Ideally, services are customized to fit an individual's long term care needs and preferences. In reality, available services may be constrained by budgets, federal regulations, the availability of home care workers, and other factors.

*State Services*

Because states design their own Medicaid programs within broad guidelines, each state's public long term care system is slightly different. Washington State has been a leader among states in the development of long-term care services and related social supports. In the 1980s, the state chose to develop home and community-based long term care services in order to decrease its reliance on

nursing homes. Unfortunately, funding to maintain and improve the state's long term care system has been threatened by the economic downturn and the increasing demand for services.

In Washington State, several state agencies are involved in the administration of publicly-funded long-term care programs. For older adults and people with disabilities, the primary agency is the Aging and Disability Services Administration (ADSA) located within the Department of Social and Health Services. ADSA conducts the planning, policy development, administration and service delivery of long-term care for the elderly, and manages and determines eligibility for "core" services for low-income disabled persons. Such "core" services include nursing homes, COPES, personal care and respite services, as well as a basic level of case management.

The agency also manages funds that are earmarked for use by Area Agencies on Aging to provide a variety of non-residential long-term care services. The Aging Network mission of ADSA is to promote, plan, and facilitate the development of a comprehensive and coordinated service delivery system responsive to the needs of all older persons, with priority attention directed to those individuals who are most vulnerable due to social, health, minority and/or economic status.[22] In State Fiscal Year 2005, approximately 65% of ADSA's long-term care clients were being served in in-home and community residential settings. During SFY 2005, nursing facilities served approximately 35% of the long-term care caseload, and accounted for over 67% of the total cost.[23] ADSA served 5,634 clients in Snohomish County during the same time period.

In addition, ADSA provides an array of specialized services for children and adults who have a developmental disability, autism, cerebral palsy and related developmental disabilities. It operates six state developmental disabilities institutions, provides case management, contracts with private agencies for a range of family support, residential care, and other services; and contracts with counties for child development, employment, community integration and retirement services.

Local/Regional Administration

Aging and Long-term Care Services

Aging Network - Created under the Older Americans Act, the aging network is defined as the federal, state and local agencies and organizations that provide services or represent the interests of older persons. The national network consists of 57 State and Territorial Units on Aging, 629 Area Agencies on Aging (AAA), 230 Indian Tribes and Native Organizations, and more than 27,000 service providers. Older Americans Act funds are appropriated to the State Units

[22] Washington State Plan on Aging, 2008-2011, Aging and Disability Services Administration.
[23] Washington State DSHS Client Services, July 2004 – June 2005

on Aging (SUA) through the Administration on Aging. The SUAs then distribute them to the AAAs, who in turn contract with local providers.

The aging network assesses local needs, develops and leverages resources, provides advocacy and delivers a continuum of services funded through many sources. In Washington, the Aging and Adult Services Administration is the State Unit on Aging. There are 13 designated Area Agencies on Aging, including Snohomish County Long Term Care & Aging and the Council on Aging.

At the county level, ADSA has a Residential Care Services Unit, formerly called Nursing Home Services, which is responsible for quality assurance for all residential services. It monitors and regulates services to clients in nursing care facilities and adult care homes. Functions include nursing home surveys, adult care home licensing and contract monitoring for congregate care and assisted living facilities.

Through the Home and Community Services field offices, ADSA offers a range of services to adults having difficulty maintaining their independence because of health-related problems. In Snohomish County, there are four Home and Community Service offices. They are located in Everett, Lynnwood, Monroe and Arlington. Services provided include comprehensive assessments of an individual's care needs and assistance in developing a plan for services. Home and Community Services provide residential and in-home care services. In-home programs include Medicaid personal care, COPES, and case management services. Residential services include adult family homes, assisted living, congregate care and nursing home placement services. They also provide Adult Protective Services to protect vulnerable adults.

Snohomish County Area Agency on Aging - Snohomish County is authorized under the Older Americans Act and the Senior Citizens Services Act to coordinate services and plan and advocate with and for older persons in Snohomish County. (Snohomish County Code 2.400.030)[24] This responsibility is carried out through Snohomish County Long-term Care & Aging (which is part of the Snohomish County Human Services Department) and the Snohomish County Council on Aging. The Council on Aging is "an advisory council consisting of older individuals who are participants or who are eligible to participate in programs assisted under this (Older Americans) Act, representatives of older individuals, local elected officials, and the general public, to advise continuously the Area Agency on all matters relating to the development of the Area Plan, the administration of the Plan and operations conducted under the Plan." (Older Americans Act of 1965, as amended, Sec. 306 (a)(6)(G)). At least 51 % of the members must be 60 years or older.

[24] Washington State Department of Social and Health Services, Aging and Disability Services Administration identifies Snohomish County Long Term Care & Aging as the designated Area Agency on Aging at www.adsa.dshs.wa.gov/Resources/Snohomish/default.htm#AAA (accessed on August 29, 2011.

The Snohomish County Code recognizes the Council on Aging "as having the authority to advise the executive, Department of Human Services and the Division of Aging on all matters related to the administration of aging programs." (2.450.010 Snohomish County Code).

Long-term Care & Aging administers federal, state and county funds and contracts with community-based agencies to provide a range of programs that promote personal independence and dignity. These programs are described in Section B-3.

## SERVICES TO PERSONS WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIA, OR THEIR CAREGIVERS

The Senior Information and Assistance (I & A) database lists over 40 local resources available to people with Alzheimer's disease or other dementias or their caregivers. These services include support groups, adult day care or day health programs, assisted living facilities, nursing homes, and respite programs.

At least eight Alzheimer's-specific support groups meet in the county, seven of them affiliated with the Alzheimer's Association. There is one Early Stage Memory Loss Support Group where people with Alzheimer's disease and their caregivers meet separately and then join together for the second half of the meeting. Another 11 support groups focus on caregivers.

The Alzheimer's Association offers the Connections Program in Snohomish County. A Care Consultant makes home visits to assess the needs of both the person with dementia and their caregiver.

Additionally, there are at least nine Assisted Living facilities, two Adult Day Programs and two overnight respite programs specifically serving persons with Alzheimer's and other dementias.

For more details on these services, one can contact the Senior I & A Program at (425)513-1900 or search their database at www.sssc.org/infoandassistance

## DISABILITY SERVICES

### Developmental Disabilities Services

The Developmental Disabilities system refers to the many agencies and community members that plan, coordinate, administer, receive, offer or finance services for individuals of all ages who have developmental disabilities. State and local appropriations fund a large proportion of community services. A major source of federal dollars for state and local services is Medicaid. Other federal funds help support special education and vocational rehabilitation.

The Consortium for Citizens with Disabilities, a Washington, DC based coalition of disability organizations, makes budget recommendations on over 80 federal programs affecting people with disabilities. Many programs fall within the Department of Health and Human Services and include the Social Security Administration entitlement programs (Social Security Disability Insurance, Supplemental Security Income Program, and Medicaid), Title XX Social Services Block Grant and programs funded through the Administration on Developmental Disabilities (Basic State Grant Program administered by developmental disabilities councils, Protection and Advocacy System).

The Department of Education funds a variety of programs related to education, as well as the Vocational Rehabilitation State Grants and Technology-Related Assistance Grants. The Department of Labor funds employment services through the Job Training Partnership Act. The Departments of Agriculture, Housing and Urban Development and Transportation also fund specific programs benefiting people with disabilities. Through this combination of federal, state and local public, as well as private funding, a wide variety of services and supports are provided.

The Developmental Disabilities community service system includes six categories of service:

- Adult Residential Support Services
- Adult Supported Employment
- Children's Services
- Family Support
- Case Management
- Resource Development

Adult residential support services are for persons age 21 and over who have been deemed eligible for state developmental disability services. Included in adult residential support services are:

- Supported Living
- Intensive Tenant Support
- Group Home
- Adult Family Home
- Skilled Nursing Facility
- Congregate Care Facility
- Independent Living

Adult supported employment services support adults with developmental disabilities to plan for, acquire and maintain meaningful, paid employment in the community. An emphasis is on working with young adults as soon as they graduate from special education programs in local school districts at age 21. Services include planning and orientation, support to search for and acquire community employment, and ongoing support to maintain the job. Washington

State now has a new policy (Working Age Adult Policy) requiring state funds (administered by the county) to support all adults who are eligible for services to acquire community-based employment. Children's services are provided through county contracted providers to children from birth to three-years-of-age. Services range from assessment and identification through an array of services which include therapy, education, cognitive development and socialization skills. The County works closely with the local Infant Toddler Early Intervention Program, which is the local branch of the federal Birth-to-Three Program.

Family support services refer to a broad array of services aimed at assisting families to remain intact and providing a stable support system for a family member with developmental disabilities. Like other individuals with long-term care needs, the primary caregivers for individuals with developmental disabilities are members of their family; and support for these family caregivers is the most cost effective utilization of public funds.

Case management is provided by the local State Developmental Disability office. For support services, families are assessed to determine their level of need. Within their family support plan, a family can receive a set amount of funds (up to a maximum) for their specific level. The funds can then be used for any combination of an array of sixteen approved services. Although most funds are used for respite, another option is a "family contract", whereby a family and case manager agree upon an array of service needs and the funds are directly transferred to the family. The family then purchases the services directly, in accordance with the contract.

The developmental disability service system also works on resource development for the community infrastructure. Community infrastructure is the network of supports that must be viable and responsive to the needs of individuals with developmental disabilities if they are to live full lives in their communities. Some of the key components of the community infrastructure are housing options, public transportation, neighborhood associations, law enforcement sensitivity, receptivity of employers and recreation and leisure opportunities. For individuals with developmental disabilities, these things are critical to their mobility, accessing their job, being able to keep their apartment, and participation in and enjoyment of community life.

## HOUSING SERVICES

A rapidly growing elderly population that prefers to "age in place" presents a challenge to service providers and policy makers as they attempt to provide affordable and safe housing that will help the elderly maintain their independence. Housing for this population requires environments that support mobility, function and healthy aging.

While there is significant wealth attributed to the baby boom population, over a quarter of this group are anticipated to have not accumulated enough assets to sustain themselves through their retirement. Many elderly and persons with disabilities have incomes that are both limited and fixed. Forced to rely solely upon available government subsidy and benefits for their income, these seniors will have significant challenges in funding affordable housing.[25] By 2017, it is projected that 52% of all cost-burdened households earning less than 30% of area median income will be seniors – over 11,000 people.[26]

As demand has pushed marketplace housing prices and rents higher, lower income persons have increasingly sought subsidized housing. The public housing subsidy system has four basic players - local housing authorities, profit and non-profit sponsors, the federal Department of Housing and Urban Development, and money lenders - with some additional support from the state, counties, cities and private foundations. Additionally, a mortgage subsidy program is provided through the deductions of interest and taxes for those who own their own homes.

In Snohomish County there are three local housing authorities - Everett Housing Authority, Tulalip Housing Authority, and the Housing Authority of Snohomish County. There are approximately 6,000 assisted housing units in Snohomish County, of which approximately 2,956 are owned or assisted by the Housing Authority of Snohomish County and 2,363 are owned or assisted by the Everett Housing Authority.

Private non-profit and for-profit sponsors utilize various federal and state programs to build or rehabilitate low-income housing. They control approximately 6,950 units in Snohomish County. Senior Services of Snohomish County is the largest non-profit provider of senior housing with 743 units in operation and 165 units in production.

Funding used to build and operate low cost housing comes from a variety of sources. The Department of Housing and Urban Development (HUD) funds most of the federal programs. Some HUD programs are awarded by national competition, while some are awarded locally by competition through city, county or state departments. Other funds include tax credit programs and other incentives as well as outright grants. The Washington State Department of Community Trade and Economic Development operates a program in which funds can be used for acquisition, rehabilitation or the new construction of buildings for people with low-incomes.

Snohomish County Human Services Department administers the County Affordable Housing Trust Fund and HUD funding that the County receives on a

[25] Congressional Budget Office: The Retirement Prospects of the Baby Boomers
[26] HUD, Comprehensive Housing Affordability Strategy 2000 Data; Snohomish County Comprehensive Plan, 2005 10 Year Update

formula basis. These funds pay for acquisition, rehabilitation, new construction and supportive services for residents. The county and some cities also offer incentives to developers to reduce costs, such as fee waivers or speeding up the permit process. Other sources of funding to build and operate low income housing include the City of Everett, private corporations and foundations, and fundraising.

**Housing Programs**

The following are housing programs and support or repair services that provide a direct or indirect benefit to low-income renters:

*HUD Section 202* - Funds are granted to private non-profit organizations for the purpose of constructing apartments for the elderly or persons with disabilities. This grant program has a Section 8 subsidy attached to the unit. The Section 8 subsidy pays the difference between market rents as determined by HUD for the area and type of unit and 30% of the tenant's income (maximum rent). Applicants must apply for housing and meet strict income and other federally mandated criteria.

*HUD Section 811* - This is similar to the Section 202 program but only for persons with disabilities.

*HUD Section 221* - These are federally funded units made available through HUD to private, for-profit builders and offer those who meet eligibility criteria an opportunity to rent at reduced levels.

*USDA Rural Development Sections 515 and 538* - The USDA Rural Development offers programs to non-profit and for-profit developers to build affordable housing for elderly persons meeting low income and other criteria. Waiting lists for these units are very long as they offer deep subsidies and universal affordability. Developers receive low interest and long term loans.

*HUD Section 8 Certificates and Vouchers* - Persons with incomes less than 50% of the median can apply for Section 8 certificates or vouchers. This assistance goes with the individual, not the unit. Generally, the program pays the difference between 30% of the tenant's gross income and market rent for the area and unit size as determined by HUD.

*HUD Section 8 New Construction/Section 236* - New complexes have not been built under these programs for many years. The Section 8 New Construction Program provides HUD subsidies directly to operators of specific buildings that are developed to serve very low income residents. HUD guarantees a market rent and pays the difference between the amount actually paid by the tenant (30% of income) and the market rent. Its predecessor, the Section 236 Program provided interest subsidies to developers, permitting a lower rent to be passed

on to tenants. Many Section 236 buildings have subsequently received Section 8 designation.

*Public Housing Programs* - There are over 800 units of public housing in Snohomish County. These units were built by the local housing authorities using loan or grant funds from HUD. The housing authorities rent them to eligible persons. In addition to the rents collected, the authorities receive subsidies from HUD to cover the operating and debt service costs. There has been no new funding for this program in several years, nor is new funding likely in the future.

*Tax Credit Program* - This complex federal program, administered on a state level by the Washington State Housing Finance Commission, provides a credit or reduction in tax liability for owners or investors in low income rental housing. Non-profit or for-profit low income housing developers "sell" the tax credits to investors who contribute equity to the project in exchange for an ownership position allowing them to use the tax credits. This equity contribution helps reduce the amount of other financing needed to develop the project and subsequently lowers the amount of rent charged to qualified tenants.

*Federal Low Income Housing Preservation and Residential Home Ownership Act, Title VI* – This program provides an incentive for non-profits to acquire housing that is in danger of being "lost" due to pre-payments, refinancing, etc.

**Housing Supportive Services**

An expanding and aging senior population requires an array of housing options be available to meet changing and diverse needs. Families and residential care options, e.g., nursing homes, have traditionally served the needs of frail individuals. Supportive housing for elders has developed in the last couple of decades as an additional care option to meet these needs. The integration of housing and services is the underlying concept of supportive housing.

There are a wide variety of choices available to seniors when a single-family home or apartment is no longer a desirable or safe housing option. The supportive housing and residential care options available to seniors include: senior or congregate housing (independent living in a multi-unit apartment building where some services such as meals, laundry, and transportation are provided); boarding homes, also called retirement housing, (licensed facilities providing supervision and assistance with activities of daily living as well as meals, laundry and housekeeping); adult family homes (licensed to provide care to frail or disabled individuals in a private home); and nursing homes, the most restrictive setting, for individuals who need skilled nursing care and/or more continuous supervision than can be provided in other settings. Currently in Snohomish County, there are 43 Boarding Homes/Assisted Living facilities (11 of which are either dementia specific or have dementia units), 19 Nursing Homes (5 with dementia specific units) and approximately 430 Adult Family Homes.

The traditional focus of private senior housing providers has been housing and not services. However, the provision of supportive services in subsidized housing allows older individuals to age in place and prevents a premature move to a more restrictive setting. HUD is beginning to recognize this concept and has recently initiated guidelines which would allow Section 202 funds to be used to employ service coordinators who will help older individuals connect with appropriate supportive services. HUD requires developers submit a plan as to how the social service needs of residents will be met with their application for Section 202 funding.

Other local senior housing projects are successfully integrating housing and social services. Some senior housing is located near a senior center. For example: the Stillaguamish Senior Center owns and operates housing on the senior center site; the Stanwood Community and Senior Center owns and operates housing in the same building as the senior center and in a detached building next to the center; and the Everett Housing Authority has built senior housing, Broadway Plaza, on the same site as the Everett Senior Center. Senior housing (operated by Senior Services of Snohomish County) is located next to the East County Senior Center in Monroe. An advantage of this model is the building residents have easy access to services at the centers, e.g. nutrition, health screening, foot care, socialization, etc.

**Maintenance of Housing**

Another facet of affordable housing is to assist individuals with remaining in their current homes. By doing so, some pressure is taken off of new project construction. The elderly and non-elderly persons with disabilities face problems such as the inability to physically or financially maintain upkeep of the home, health needs requiring care provided in another setting, increasing expenses such as property taxes and insurance, and a home that is not suited to their needs because of stairs or located too far from services.

Programs that make current housing more affordable and suitable are summarized below.

Home Equity Conversion allows seniors to obtain cash from equity while continuing to live in their home. For some older individuals their home is their greatest asset and yet they may not have a substantial monthly income. There are three types of equity conversion - reverse mortgages, sale plans, and deferred payment plans. The reverse mortgage is a loan to the homeowner based on the value of the home. The loan with interest is paid back after a specified period of time, when the home is sold, or the homeowner dies. A sale-leaseback plan involves the sale of the home to an investor who then leases the home back to the original owner for life. The investor pays the seller for the home through monthly payments. A deferred payment loan is a lump sum loan,

usually low-interest, made to a home owner usually for a specific purpose. The loan is generally not paid back until the homeowner dies or sells the home.

Minor Home Repair, a program of Senior Services of Snohomish County, provides health and safety repairs for Snohomish County seniors age 62 or older and disabled persons who are low-income homeowners. Repairs often include plumbing, carpentry, minor electrical, roofing and environmental modifications such as grab bars, wheelchair ramps and handrails. Work is performed at no charge or for the cost of materials for those who meet income eligibility guidelines. The purpose of the program is to enable people to remain in their homes as long as possible.

Major Home Repair is possible through the CHIPS (Community Housing) program in the city of Everett and the Housing Rehabilitation Program operated by the Housing Authority of Snohomish County. Both programs offer reduced interest and deferred home improvement loans to low-income households.

Property-Tax Relief is available to individuals age 61 or older, or who are retired due to a physical disability, reside in their own home or mobile home and are low-income. The amount of the exemption depends on the household's income.

A full tax deferral program (separate from the exemption program) is also available for qualifying senior citizens and disabled persons. This program creates a lien against your property as you are deferring to the State of Washington to pay your property taxes. The amount the State pays must be re-paid upon the transfer of ownership of your property.

The county's Energy Assistance Program offers heating assistance to low-income individuals. The county's Weatherization Program installs energy-saving materials, e.g. insulation and storm doors, to make a home more energy efficient. Weatherization also has a small amount of funding available for home repair. Repair must be in conjunction with weatherization. This funding is targeted to individuals who are not eligible for Senior Services' Minor Home Repair Program. The Public Utility District offers a senior discount on electric bills for low-income individuals.

**TRANSPORTATION SERVICES**

Snohomish County’s transportation system is a network of public and private transportation service providers working in concert to meet the transportation needs of Snohomish County’s increasingly aging, diverse, and growing population. This will become one of the major challenges of our County, given the enormous projected increase in elderly adults who will need this service.

The fundamental challenge common to all transportation service providers is providing quality transportation services that meet the needs of the population

served. In an attempt to make this overwhelming challenge more manageable, transportation providers often limit either the target population served or the geographic area covered. This approach benefits consumers by increasing the availability and diversity of transportation services, but at the same time, creates a fragmented service system that fails to meet everyone's needs.

**Private Sector**

For those who are able to pay for individualized, door-to-door transportation services, Snohomish County has several privately owned, for-hire taxi and cabulance service providers. Taxis primarily transport ambulatory individuals to a wide variety of destinations. Taxis are also accessible to individuals who are able to transfer independently from their wheelchair to the taxi and who have a collapsible wheelchair. For an additional charge, some taxi companies provide collapsible wheelchairs to consumers who require them.

Cabulance transportation is available for those who must be transported in a wheel-chair and are unable to transfer independently from their wheelchair. A cabulance is a specialized wheelchair-lift equipped van offering the consumer the option of individualized transportation. Both taxi and cabulance transportation providers charge a "pick-up" or "drop" fee as well as a per mile charge. The primary advantage to taxi and cabulance transportation is the trip can be arranged specifically to meet the consumer's needs and generally the ride is not shared. The primary disadvantage to both taxi and cabulance transportation is, depending upon the length and nature of the trip, the cost may be substantial.

**Public Sector**

*Transit Agencies*
Community Transit and Everett Transit are the two primary public transit systems providing service within Snohomish County. Although other transit systems such as Sound Transit, Island Transit, and Skagit Transit make stops within the county boundaries, they are more useful options for traveling between Snohomish County and a location outside the county.

Public transit agencies usually provide at least two types of services: fixed route and paratransit. Fixed-route bus transportation refers to large capacity buses running on regular routes and schedules.

The Americans with Disabilities Act (ADA) requires that public transit agencies provide individuals with disabilities with service equal to local fixed route buses. Paratransit buses are smaller capacity vehicles designed to transport individuals unable to access regular fixed route buses due to physical or mental disabilites. Paratransit services are not accessible to the general public and require a qualification prior to riding. Paratransit bus schedules are not "fixed" but are established daily depending upon consumer needs on that specific day.

However, to be eligible for paratransit services, the rider must live within ¾ of a mile from a local fixed bus route. Paratransit routes are developed to maximize the number of clients served. A rider will usually find that paratransit trips take longer as other riders are picked up and dropped off along the way.

Community Transit provides regular fixed-route and paratransit transportation to many of the more densely populated areas of Snohomish County, excluding the City of Everett. These areas of the county have elected to be part of Community Transit's Public Transit Benefit Area (PTBA). Areas included in Community Transit's PTBA dedicate a portion of their sales tax to pay for public transportation provided by Community Transit.

Community Transit operates 53 fixed routes within Snohomish County and to downtown Seattle and the University of Washington. It contracts its paratransit services to the Senior Services of Snohomish County Dial-A-Ride-Transportation (DART) Program, which carries an average of 600 disabled passengers a day.

The City of Everett, as well as a few limited areas outside of the City of Everett, is served by Everett Transit, which receives tax-based funding from the City of Everett. Everett Transit also provides regular fixed-route and paratransit services within their service delivery area.

As the economy has declined, both agencies have experienced budget cuts. In 2010, Community Transit ended all Sunday service, including DART. By the beginning of 2012, Community Transit is expected to reduce service by another 20%. Reductions in bus service affect older adults who rely on fixed route buses for transportation; changes to or eliminations of bus routes can mean that some older adults no longer live within ¾ of a mile of a fixed route and are no longer eligible for paratransit.

Approximately 15% of Snohomish County residents live entirely outside the Everett Transit and Community Transit service boundaries. These areas include north of Stanwood, parts of Arlington/NW Granite Falls, the Machias area, and Lake Roesiger.[27] The Transportation Assistance Program (TAP), operated by Senior Services of Snohomish County, is designed to provide at least a minimal level of transportation service to older adults and people with disabilities in these areas. TAP buses will pick up individuals in these rural areas and transport them to a safe location where they connect with Community Transit or Everett Transit services. After funding reductions in 2008, TAP created its current routes by prioritizing the needs of individuals requiring transport to kidney dialysis. It operates a limited number of routes and buses Monday through Saturday.

In addition, several senior centers in the county provide transportation to local stores, doctors, and social venues, filling gaps in the system. Many seniors rely on volunteer drivers among friends and family or turn to formal volunteer driver

[27] Snohomish County Council on Aging, *2009-2010 Legislative Agenda.*

programs. Snohomish County residents who receive medical assistance may access the Medicaid Access Transportation Program. This program, funded by Title XIX Medicaid, provides Medicaid recipients with non-emergent transportation assistance to and from medical services covered by Medicaid. The program authorizes transportation assistance including mileage reimbursement, volunteer drivers, bus passes and tickets, taxi and cabulance.

## ECONOMIC ASSISTANCE

Social Security is the single largest U.S. government program, paying out $500 billion in benefits to more than 53 million people in 2005. 90% of people over the age of 65 receive Social Security benefits.

The Energy Assistance Program mentioned earlier can be an important form of economic assistance that helps many older adults pay for high winter heating costs.

## OTHER SERVICE CATEGORIES

Although health care, long term care, transportation, and housing services may appear to have a major impact on the lives of older adults and people with disabilities, other services are also important to the clients they serve. This section briefly describes some of the other service categories in Snohomish County.

### Other Information & Referral/Assistance Programs

In addition to the AAA-funded Senior Information and Assistance Program, Snohomish County is fully integrated into the national 2-1-1 system. 2-1-1 is a three-digit dialing code, assigned in July of 2000 by the Federal Communications Commission, for the exclusive purpose of providing widespread access to health and human services through the community information and referral system. It is the national solution to navigating the maze of health and human services. This easy to remember phone number links callers needing services to the available health and human services programs in their area through 2-1-1 call centers. Callers are then connected to specialized information & referral providers such as Senior Information & Assistance, or directly with agencies that provide direct services.

In 2003, the Community Information Line at Volunteers of America Western Washington was designated the call center for the North Sound Region including Island, San Juan, Skagit, Snohomish, and Whatcom Counties. This service currently operates from 8:00 AM to 5:00 PM, Monday through Friday.

## Elder Abuse

Elder abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to avulnerable older adult. Abuse falls under seven main categories: physical, sexual, and emotional abuse/intimidation, neglect, abandonment, financial exploitation, and self-neglect.

Adult Protective Services (APS) are available through the local Department of Social and Health Services (DSHS), Home and Community Services offices. Offices are located in Everett, Lynnwood, Arlington and Monroe. APS investigates allegations of abuse, assists the vulnerable adult with accessing services, coordinates with law enforcement and the Superior Court system, and educates the community on abuse issues.

In 2005, the Snohomish County Vulnerable Adults Task Force was organized. Coalition members meet monthly and regularly update all members on current trends and prevalent forms of abuse being seen by law enforcement in Snohomish County. The group has been particularly successful in holding joint trainings on hoarding and other topics for county case management and other aging services providers.

## Benefits Counseling

The Senior Information and Assistance Program provides comprehensive information on programs and benefits enabling older adults or their representatives to make informed decisions about their needs or problems, and how to access benefits.

Free health insurance counseling is available through the Statewide Health Insurance Benefit Advisors (SHIBA) Program. SHIBA recruits and trains volunteers to provide the following services to Snohomish County residents: individual counseling in-person or by phone to assist consumers with their health insurance questions; provide analysis of health insurance plans to individual consumers; provide appeals assistance and advocacy for individuals and groups; provide billing assistance; and educate the community on specific health insurance issues.

Employment counseling for low income seniors is available through the Senior Community Service Employment Program (SCSEP). It is funded by the Department of Labor and operated through national and state sponsors. In Snohomish County, SCSEP is operated through two WorkSource sites, located in Everett and Lynnwood.

## Services to Minorities

In addition to the list of Snohomish County-based providers below, Senior Information & Assistance employs specialized information and assistance workers to work with the following limited English-speaking populations: Chinese, Korean, Filipino, Vietnamese, Russian/Ukrainian, and Hispanic. Although there are no services based in Snohomish County specifically targeted to African-American older persons, there are services located in neighboring King County; e.g. the Urban League of Metropolitan Seattle.

| **Provider** | **Office Location*** |
|---|---|
| Bureau of Indian Affairs – Puget Sound Agency | Everett |
| Chinese Seniors Group | Lynnwood |
| Compass Health – Multi-Cultural Services | Everett |
| Filipino Seniors Group | Everett |
| Korean Senior Center | Lynnwood |
| Multi-Cultural Services – Everett Comm. College | Everett |
| Refugee and Immigration Services Northwest | Everett |
| Seamar Community Health Center | Arlington |
| Tulalip Tribal Senior Center | Marysville/Tulalip Reservations |
| Stillaguamish Tribal Clinic | Arlington |
| Korean Women's Association | Lynnwood |

* None of the providers listed have geographical restrictions.

The Snohomish County-based Communities of Color Coalition provides an outlet for legislative and community advocacy. There are also numerous other providers, who are based in King County, but serve Snohomish County residents, including Asian Counseling and Referral Service, Chinese Information and Service Center, Jewish Family Services, Millenia Health Care, National Asian Pacific Center on Aging, National Association for the Advancement of Colored People, Northwest Immigrant Rights Project, St. Jude Healthcare, Seattle Indian Health Board and the Urban League.

## Senior Centers

Senior centers are designated as community focal points through the Older Americans Act. The National Institute of Senior Centers defines a senior center as a place where "older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the center and the community."

Not only do senior centers offer helpful resources to older adults, they serve the entire community with information on aging, support for family caregivers, training for professional/lay leaders and students, and development of innovative approaches to addressing aging issues. While senior centers typically provide nutrition, recreation, social/educational services, and comprehensive information and referral, many centers have programs such as fitness activities and Internet training to meet the needs and interests of the new generation of seniors.

Snohomish County has five large regional multipurpose centers, located in Monroe, Stanwood, Arlington, Edmonds, and Snohomish. A large regional center located over the southern county line in Bothell (Northshore Senior Center) also serves a large population of Snohomish County residents. In addition, a Multicultural Senior Center has opened in south Everett serving the Korean, Southeast Asian, Chinese, Filipino, and Hispanic elderly. Other centers are located in Marysville, Everett, Darrington, Granite Falls, Mill Creek, Lynnwood, Mountlake Terrace, and Lake Stevens. A substantial center located on the Tulalip Reservation serves Native American seniors.